## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD ſ,

TOTAL CHARGEABLE CLAIMS   S   minus 20	Effective October 1, 2003								W 9329 9					
TOTAL CHARGEABLE CLAIMS   Minus 20	,									NTITY	OR			
TOTAL CHARGEABLE CLAIMS	T	OTAL CLAIMS		71				Γ	RATE	FEE	7	RATE	FEE	
NDEPENDENT CLAIMS	FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
NDEPENDENT CLAIMS	TOTAL CHARGEABLE CLAIMS			3) minus 20=		*14			X\$ 9=		OR	X\$18=	198	
# If the difference in column 1 is less than zero, enter "0" in column 2    CLAIMS AS AMENDED - PART II	INDEPENDENT CLAIMS			3 minus 3 =		* \			X43=		OR	X86=		
CLAIMS AS AMENDED - PART	Mi	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
Column 1	* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	968	
CLAIMS   REMAINING   AFTER   PREVIOUSLY   PAID FOR   PRESENT   EXTRA   EXTRA   PRESENT   EXTRA   EXT									CMALL	ENTITY	_ 		THAN	
REMAINING	_											SWALL		
TOTAL   OR   +145=   OR   +290=   OR   +290=   OR   ADDIT FEE   OR   ADD	ENT A		REMAINING AFTER		NUMI PREVIO	BER DUSLY			RATE	TIONAL		RATE	TIONAL	
TOTAL   OR   +145=   OR   +290=   OR   +290=   OR   ADDIT FEE   OR   ADD	NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
145	AME	<u> </u>			<u> </u>	CLAIM	=		X43=		OR	X86=		
COlumn 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER PREVIOUSLY	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	·	OR	+290=		
Column 1)								L 			OR			
REMAINING AFTER AMENDMENT PAID FOR PREVIOUSLY PAID FOR TOTAL AMENDMENT PAID FOR PREVIOUSLY PAID FOR PAID F			(Column 1)		(Colun	nn 2)	(Column 3)	Al	JUII. FEE (	<u></u>	2 '	ADDII. FEEI		
TOTAL   ADDIT. FEE   OR   +290 =	AMENDMENT B		REMAINING AFTER		NUME PREVIC	BER OUSLY			RATE	TIONAL		RATE	TIONAL	
TOTAL   ADDIT. FEE   OR   +290 =			*	Minus	**		=		X\$ 9=		OR	X\$18=		
+145			* NTATION OF MI	<u> </u>	1	CLAIM	-		X43=		OR	X86=		
(Column 1) (Column 2) (Column 3)  CLAIMS REMAINING NUMBER PRESENT EXTRA  ADDIT. FEE  OR ADDIT. FEE	THO THESE MINISTRATION OF MIDELIFIE DEFENDENT CLAIM								+145=		OR	+290=		
(Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * TOTAL  * TOTAL  * TOTAL  * TOTAL								ΔΓ			OR .			
CLAIMS REMAINING AFTER AMENDMENT  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 3.  ** TOTAL  ** TOTAL  ** TOTAL														
AFTER AMENDMENT PREVIOUSLY PAID FOR EXTRA  Total		`	CLAIMS		HIGHE	ST				ADDI	ſ		ADDI	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Illiphed Number Paris For IN THE COLUMN 2, write "0" in column 3.	NDMENT C		AFTER		PREVIO	USLY			RATE	TIONAL		RATE	TIONAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * TOTAL  * TOTAL		Total	*	Minus	**		=	Г	X\$ 9=		OR	X\$18=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * TOTAL  * TOTAL	ME	Independent	*	Minus	***		=	十	Y43-		Ì	Y96-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	۲	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		$\vdash$	A-0=		OR	^00=		
the Mathe Maliebant Number Dentitionals Boid Fall to Table 10 OPAGE is less than 00 and a 100 ML	* 11	the entry in colur	nn 1 is less than th	e entry in colu	mn 2 write	"()" in col	umn 3	L			OR			
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE														
		THE THEOLIGICAL PUBLIC	wor i revidually i all	v. liviai Vi		13 1116	manear number l	Jul 10	6000	ivuliale DOX		41188 .		